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CONFIRMATION NO. 3884

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/752,402	<b>FILING OR 371(c) DATE</b> 01/06/2004 <b>RULE</b>	<b>CLASS</b> 383	<b>GROUP ART UNIT</b> 3782	<b>ATTORNEY DOCKET NO.</b> J-CN4001
<b>APPLICANTS</b> Charles Nelson, Fort Myers, FL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/229,325 08/26/2002 PAT 6,692,147 which claims benefit of 60/314,977 08/24/2001 This application 10/752,402 claims benefit of 60/516,060 10/31/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 04/12/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 15
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 28165				
<b>TITLE</b> VENTING RECLOSABLE BAGS				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	